


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90072 001 \*\*\*150.00

0037361

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 600757**

1. Corporation Name  
**JACKSONVILLE FAMILY PRACTICE ASSOCIATES, P.A.**

Principal Place of Business 1731 UNIVERSITY BLVD S JACKSONVILLE FL 32216 US	Mailing Address 1731 UNIVERSITY BLVD S JACKSONVILLE FL 32216 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1968	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1227172	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

SELANDER, GUY T  
 1731 UNIVERSITY BLVD S  
 JACKSONVILLE FL 32216

**10. Name and Address of New Registered Agent**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SELANDER, GUY T	
STREET ADDRESS	1731 UNIVERSITY BLVD S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GIDDINGS, JACK E.	
STREET ADDRESS	1731 UNIVERSITY BLVD S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MEADE, ROBERT L	
STREET ADDRESS	1731 UNIVERSITY BLVD S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MICHELSSEN, THOMAS A	
STREET ADDRESS	1731 UNIVERSITY BLVD S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GREEN, HOWARD	
STREET ADDRESS	1731 UNIVERSITY BLVD S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Guy T. Selander, M.D. 4/27/99 404-725-0200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)